

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL House Freedom Fund		2. FEC IDENTIFICATION NUMBER C00552851
(b) Number and Street Address PO Box 1948		
(c) City, State and ZIP Code Alexandria VA 22313		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Rep. ROD BLUM	House	IA 01	01/26/2016
(ii)	Rep. DAVID ALAN BRAT	House	VA 07	01/26/2016
(iii)	Rep. SCOTT GARRETT	House	NJ 05	01/26/2016
(iv)	Rep. TIMOTHY A HUELSKAMP	House	KS 01	01/26/2016
(v)	Rep. MARK R MEADOWS	House	NC 11	01/26/2016

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 12/02/2015.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/05/2013.

(d) **Qualification:** The committee met the above requirements on: 01/26/2016.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER Megan Brown	SIGNATURE OF TREASURER Megan Brown [Electronically Filed]	DATE 01/27/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.